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PTO/SB/21 (08-03)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/749,535	
Filing Date	12/30/2003	
First Named Inventor	Joshua D. Rabinowitz	_
Art Unit	1616	
Examiner Name		
Attorney Docket Number	00039.09CON	

ENCLOSURES (check all that apply)					
Fee Transmittal Form	Drawing(s)	After Allowance communication to Group			
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Convert a Provisional Application	Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence	Status Letter			
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):			
Express Abandonment Request	Request for Refund	Request for Withdrawal as Attorney or Agent (in triplicate)-3 pages			
Information Disclosure Statement	CD, Number of CD(s)	2. Return Receipt Postcard			
Certified Copy of Priority Document(s) Response to Missing Parts/	Remarks				
Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Elaine C. Stracker - 4	13,166				
Individual name					
Signature Lan	(Hook				
DEC. 1 3 200	04				

CERTIFICATE OF TRANSMISSION/MAILING						
				th the United States Postal Se ox 1450, Alexandria,VA 22313		
Typed or printed name	Elaine C. Stracker					
Signature	Hamis (V Sheek	Date	DEC. 1 3 2004		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Application Number 10/749.535

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/749,535
Filing Date	12/30/2003
First Named Inventor	Joshua D. Rabinowitz
Art Unit	1616
Examiner Name	
Attorney Docket Number	00039.09CON

To: Commissioner for P.O. Box 1450 Alexandria, VA 223						
I hereby apply to withdraw as attorney or agent for the above identified patent application.						
The reasons for this requ	est are:					
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.						
	CORRESPONDENCE ADDRE	ss				
1. The corresponden	ce address is NOT affected by this with					
	pondence address and direct all future		ondence	to:		
Customer Number						
OR						
Firm or Individual Name	IP Department (Alexza MDC)					
Address	1001 East Meadow Circle					
Address						
City	Palo Alto	State	CA		ZIP	94303
Country						·
Telephone		Fax				
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number						
	plicate (including any attachments).					
	C. Stracker					
Signature Han	ni Street	Registra	tion No.	43,166		· · · · · · · · · · · · · · · · · · ·
Date DEC. 1	3 2004					
NOTE: Withdrawal is effective approval of withdrawal and the withdraw is normally disappro	when approved rather than when received e expiration date of a time period for respor ved.	l. Unless ase or pos	there are ssible exte	at least ension p	30 da eriod,	ys between the request to

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/749,535
Filing Date	12/30/2003
First Named Inventor	Joshua D. Rabinowitz
Art Unit	1616
Examiner Name	
Attorney Docket Number	00039.09CON

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Alexandria, VA 22313-1450						
• • • •	I hereby apply to withdraw as attorney or agent for the above identified patent application.					
The reasons for this r	•	ino the ett-	nov of	und as an ann-l	loves The	
	for the reason that the Assignee no longer retaing their own patent prosecution.	ains the attor	ney of rect	nu as an emp	ioyee. The	
	CORRESPONDENCE ADD	RESS				
1. The correspon	dence address is NOT affected by this	vithdrawal.				
2. 🛛 Change the co	rrespondence address and direct all fut	ure corresp	ondence	to:		
Customer Number				•		
OR						
Firm or Individual Name	IP Department (Alexza MDC)					
Address	1001 East Meadow Circle					
Address			-			
City	Palo Alto	State	CA	ZIP	94303	
Country						
Telephone		Fax				
This request is mad	This request is made on behalf of myself and					
all the attorneys/agents of record,						
the attorneys/agents (with registration numbers) listed on the attached paper(s), or						
	ents associated with Customer Number			<u> </u>		
	n triplicate (including any attachments).	·				
	ine C. Stracker	Registra	ation No.	43,166		
Signature Date NF	C. 1 3 2004			,		
Date DEC. 1 3 2004 NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between						
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1. The corresponden	ce address is NOT affected by this with	drawal.			
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OR					
Firm or Individual Name	IP Department (Alexza MDC)	·	·		
Address	1001 East Meadow Circle				
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This request is made on behalf of myself and all the attorneys/agents of record,					
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	plicate (including any attachments).	<u>-</u>			
	5. Stracker	Registra	tion No.	43,166	
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